

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/593,906</td> </tr> <tr> <td>Filing Date</td> <td>March 17, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Dwight Roberts</td> </tr> <tr> <td>Title</td> <td>Device for Retaining a Placard Within a Placard Holder and Method and System Thereof</td> </tr> <tr> <td>Art Unit</td> <td>3611</td> </tr> <tr> <td>Examiner Name</td> <td>Cassandra Hope Davis</td> </tr> <tr> <td>Attorney Docket Number</td> <td>128527.2000</td> </tr> </table>	Application Number	10/593,906	Filing Date	March 17, 2005	First Named Inventor	Dwight Roberts	Title	Device for Retaining a Placard Within a Placard Holder and Method and System Thereof	Art Unit	3611	Examiner Name	Cassandra Hope Davis	Attorney Docket Number	128527.2000
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Examiner Name	Cassandra Hope Davis														
Attorney Docket Number	128527.2000														

I hereby revoke all previous powers of attorney given in the above-identified application.

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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Practitioner(s) Name	Registration Number										
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☒ Applicant/Inventor.
OR
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record	
Signature	Date
Name Dwight Roberts	Telephone
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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